



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DIVISION OF PROFESSIONAL REGULATION**  
**COMBATIVE SPORTS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**APPLICATION FOR PERMIT TO HOLD AMATEUR BOXING EVENT**  
**INSTRUCTION SHEET**

**When to Apply**

The Tournament Director or organizer must submit the *Application for Permit to Hold Amateur Boxing Event* and supporting documentation listed below **at least 15 days before the event**. Before applying for a Permit, you must obtain a Delaware business license from the Division of Revenue.

**Applying for a Permit (Part B of the Rules and Regulations)**

- ☐ Submit completed, signed and notarized [Application to Hold Amateur Boxing Event](#).
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Enclose a copy of insurance certificate covering the venue for the event.
- ☐ If the event is not sanctioned by the Mid-Atlantic Boxing Association, complete and enclose *Bond Form* following instructions on the form.
  - The Division of Professional Regulation determines the amount of the bond.
  - The surety company must be authorized to do business in Delaware.
- ☐ Enclose approval form/letter provided by sanctioning organization.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).  
*The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.
- ☐ Send the application, fee and supporting documentation **to the attention of Combative Sports** at the address above.



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(FOR OFFICIAL USE ONLY)

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**PERMIT FEE: \$160.00**

ATTACH CHECK OR MONEY ORDER MADE PAYABLE  
TO THE "STATE OF DELAWARE" TO APPLICATION.

**APPLICATION FOR PERMIT TO HOLD AMATEUR BOXING EVENT**

The tournament director/organizer must complete this application form. The Division of Professional Regulation must receive all of these items no later than 4:30 PM 15 full working days before the event:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

**TOURNAMENT DIRECTOR/ORGANIZER INFORMATION**

<b>Business Name</b> of Director/Organizer			Delaware Business License #	
Business Street Address	City		State	Zip Code
Tournament Director/Organizer Last Name	First Name	Middle Initial	Social Security Number	
Street Address				
City		State	Zip Code	
Phone	Fax Number	Email Address		
Do you have a certificate of insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide a copy of certificate of insurance covering the scheduled event.				
Is the event sanctioned by the Mid Atlantic Boxing Association? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, the tournament director/organizer is required to post a bond, the amount to be determined by the Division of Professional Regulation.				
If a bond is required, complete the items below. The surety company must be authorized to do business in Delaware. Attach <i>Bond Form</i> .				
Surety Company Name	Phone		Amount Of Surety Bond	
Street Address	City		State	Zip Code

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**APPLICATION FOR PERMIT TO HOLD AMATEUR BOXING EVENT**  
**PAGE 2**

**EVENT INFORMATION**

Name Of Event			Are any championship/title bouts included in this event? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, identify which bouts this includes: _____ _____ _____ _____		
Street Address Of Location For Event			City	State	Zip Code
Location Contact Last Name	First Name	Middle Initial	Title	Phone	
Date Of Event (MM/DD/YYYY)		Time Of Event			
What is the building seating capacity?		Is there an entrance fee for the spectators? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter entrance fee amount: _____			
Is event sanctioned by Mid-Atlantic Boxing? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter date sanction received (MM/DD/YYYY): _____					
If not sanctioned by Mid-Atlantic Boxing, is the event sanctioned by another organization? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter the following information about the organization <u>and</u> submit a copy of its official rules. Name of Organization: _____ Contact Person: _____ Phone: _____ Date Sanction Received (MM/DD/YYYY): _____					
<b>Attach approval form/letter provided by sanctioning organization.</b>					

**ALTERNATE EVENT INFORMATION**

A permit is granted *only* for a specific event on a specific date at a specific time and at a specific location.

Complete this section to request pre-approval for ***one*** alternate date/time or location for the event above if postponement is necessary.

***You must immediately notify the Division of Professional Regulation in writing if you must utilize the alternate date/time or site.***

Name Of Event					
Street Address Of Location For Event			City	State	Zip Code
Location Contact Last Name	First Name	Middle Initial	Title	Phone	
Date Of Event (MM/DD/YYYY)		Time Of Event			
What is the building seating capacity? _____		Is there an entrance fee for the spectators? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter entrance fee amount: _____			

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**APPLICATION FOR PERMIT TO HOLD AMATEUR BOXING EVENT**  
**PAGE 3**

**TOURNAMENT DIRECTOR /ORGANIZER HISTORY**

Have you ever held a license/permit related to boxing in any jurisdiction? ☐ YES ☐ NO **If yes, list all licenses:**

License Number	City	State
License Number	City	State
License Number	City	State
License Number	City	State

Are you currently registered by the Mid-Atlantic Boxing Association or other boxing organizations? ☐ YES ☐ NO **If yes, list all:**

Organization	Location	Registration Number
Organization	Location	Registration Number
Organization	Location	Registration Number

Have you ever been subject to disciplinary action by any athletic commission or by any boxing licensing authority in any jurisdiction? ☐ YES ☐ NO **If yes, explain here and provide supporting information and/or documentation including a copy of the disciplinary decision or order:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SAFETY EQUIPMENT**

All contestants are required to wear safety equipment. Describe the safety equipment that each contestant will utilize. You may attach additional sheets if necessary. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**APPLICATION FOR PERMIT TO HOLD AMATEUR BOXING EVENT  
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**PHYSICIAN INFORMATION**

Last Name	First Name	M.I.	Delaware Physician License #
Street Address		City	State      Zip Code
Has the sanctioning body approved the physician? <input type="checkbox"/> YES <input type="checkbox"/> NO			
State the physician's experience related to boxing competitions: _____ _____ _____ _____ _____ _____ _____ _____ _____			

**AFFIDAVIT**

The undersigned, being duly sworn, deposes and says that he/she is expressly authorized to apply for a Permit to hold an amateur boxing event on behalf of the business entity/individual indicated \_\_\_\_\_. The undersigned further deposes and says that he/she has read and reviewed the information provided in the *Application for Permit to Hold Amateur Boxing Event* and that the information and statements contained therein are true and correct, and that he or she understands that the provision of false information or employing or knowingly cooperating in fraud or material deception in order to be licensed or permitted is grounds for DENIAL or REVOCATION OF PERMIT.

\_\_\_\_\_  
Name of Firm/Individual/Applicant      Date

By: \_\_\_\_\_  
Name/Title

State of      )  
County of      )

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_,

\_\_\_\_\_  
Signature of Notary Public  
My Commission expires: \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, INCOMPLETE, NOT NOTARIZED OR NOT ACCOMPANIED BY THE  
REQUIRED PROCESSING FEE WILL BE REJECTED.**

**THE DIVISION RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION**

**More information, including the Rules and Regulations for Boxing Events, is available on the  
Division of Professional Regulation's website at [dpr.delaware.gov](http://dpr.delaware.gov).**



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**BOND FORM FOR COMBATIVE SPORTS EVENTS**

**Instructions**

- If Principal is a partnership, state all partners at beginning of Bond. All partners must sign the Bond.
- If Principal is a corporation, the president or vice-president **must** sign for the corporation. The secretary, assistant secretary, treasurer or assistant treasurer must attest their signatures.
- The Corporate Surety, if signing by an Attorney In Fact, must attach to the Bond a Power of Attorney bearing a certification date the same as, or after the date of the Bond.
- For out-of-state corporate sureties signed outside of the State of Delaware, a Qualified Delaware Resident Agent must countersign the Bond.

Enclose bond with the permit application and send it to "Combative Sports" at the address above.

**BOND MUST BE ON FILE WITH THE DIVISION BEFORE PERMIT IS ISSUED**

Know all men by these presents, that we \_\_\_\_\_ (Name of Promoter)  
of \_\_\_\_\_ (Address,  
City, State, Zip), hereinafter referred to as the principal, and \_\_\_\_\_ (Bonding Co.-  
Surety), a corporation organized and existing under the laws of the State of \_\_\_\_\_ and authorized to do  
business in the State of Delaware, as surety, are held and firmly bound unto the State of Delaware and the Division of  
Professional Regulation herein after referred to as obligee, in the sum of \$ \_\_\_\_\_ lawful money of the United  
States of America, to the payment of which sum, well and truly to be made, we bind ourselves, our executors,  
administrators, successors and assigns, firmly by these presents.

The condition of this obligation is such, that whereas, the principal has made application for a permit to the obligee for the  
purpose of a **Combative Sports Event**.

**This bond shall be conditioned upon the faithful performance by the promoter of his obligations under  
Combative Sports Rules and Regulations of the State of Delaware promulgated pursuant to 24 Del. C. §103(b)(1),  
including, but not limited to, the fulfillment of his contractual obligations to contestants, managers and other  
licensees and the payment of all license and permit fees.**

Now, therefore, if the principal shall faithfully comply with all laws, ordinances, rules and regulations which have been or  
may hereafter be in force concerning said registration, and shall save and keep harmless the obligee from all loss or  
damage which it may sustain or for which it may become liable on account of the issuance of said permit to the principal,  
then this obligation shall be void; otherwise, to be and remain in full force and effect.

Any proceeding legal or equitable, under this Bond may be brought in any court of competent jurisdiction in the State of  
Delaware. Notices to Surety and Principal may be mailed or delivered to them at their respective addresses shown below.

This bond will expire on \_\_\_\_\_ (Date), but may be continued by continuation certificate signed by principal  
and surety. The surety may at any time terminate its liability by giving thirty (30) days written notice to the obligee, and  
the surety shall not be liable for any default after such thirty day notice period, except for defaults occurring prior thereto.

N WITNESS WHEREOF, Principal and Surety have hereunto set their hand and seals, and such of them as are corporations have caused their corporate seal to be hereto affixed and these presents to be signed by their duly authorized offices

Signed, Sealed and Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

**PRINCIPAL**

**(If Principal is a corporation, the president or vice-president must sign for the corporation.)**

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**(If Principal is a corporation, the secretary, treasurer or their assistants must attest the signatures above.)**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

**BONDING COMPANY**

**(If signed by an Attorney In Fact, attach Power of Attorney.)**

EIN (Federal ID Number): \_\_\_\_\_

Surety: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**QUALIFIED DELAWARE RESIDENT AGENT**

**(This is required if out-of-state corporate surety signed outside of the State of Delaware.)**

By: \_\_\_\_\_

Title: \_\_\_\_\_

**APPROVAL OF BOND**

*This bond form is approved as to form and legality by:*

Division of Professional Regulation on \_\_\_\_\_ (Date) by \_\_\_\_\_, **Director**